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## Addressing Disparity: A Waiting Room Intervention for Preeclampsia Prevention in African Americans

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# Addressing Disparity: A Waiting Room Intervention for Preeclampsia Prevention in African Americans

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## INTRODUCTION

- Maternal mortality rate (MMR) in the United States is more than 2x the MMR in other developed countries (CIA, 2020)
- African Americans are 3-4x more likely to die in maternity, regardless of income, education, or geographical location (McLemore, 2019)
- Leading contributor to MMR in African American women is preeclampsia (MacDorman et al., 2021)
- Preeclampsia is a pregnancy complication with persistent high blood pressure and organ damage (Preeclampsia Foundation, 2023)
- The use of low-dose (75-162 mg) aspirin decreases preeclampsia incidence (Huai et al., 2021)

## HYPOTHESIS

- A nurse-led preeclampsia and aspirin effectiveness educational intervention will increase knowledge and lower incidence of preeclampsia among African American women

## METHOD

- **Design:** Prospective quasi-experimental cohort with 128 total participants recruited by convenience sampling at a single prenatal clinic
- **Inclusion criteria:** African American women in the 12-24 week period of pregnancy
- **Intervention:** While waiting to see their doctor, patients meet with a registered nurse (RN) who shows a 2-minute video about preeclampsia detection, prevention, and treatment, including the use of low-dose aspirin. The RN fields questions and provide an education bundle about preeclampsia (Fig. 1)
- **Control:** Standard prenatal care
- **Evaluation:** A pre-intervention and post-intervention questionnaire of preeclampsia knowledge, developed and validated by the Preeclampsia Foundation, is administered
- Three months postpartum, researchers review health records for presence of preeclampsia, intake of aspirin, and overall health

## ANALYSIS

- **Descriptive statistics:** Used to find the mean, standard deviations, frequencies, and percentages of pre/post-test differences, aspirin usage, and preeclampsia incidence
- **Inferential statistics:** Chi-square tests and t-tests will be used to determine if the differences are statistically significant

## CONCLUSION

- With preeclampsia affecting 1 in 25 pregnancies and presenting a 60% higher risk in African Americans (ACOG, 2013), RNs providing healthcare are likely to encounter this condition. Through education and advocacy of low-dose aspirin therapy and collaboration, RNs can positively alter the trajectory of these women's lives
- This nurse-led intervention is crucial step in reducing the disproportionately high MMR among African American women in the US
- Future research should include multi-center studies across diverse racial groups and larger sample sizes for further insight

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## IRB

- Personal and identifying information will be left out for the protection of participants. Will be IRB approved at Dominican University of CA

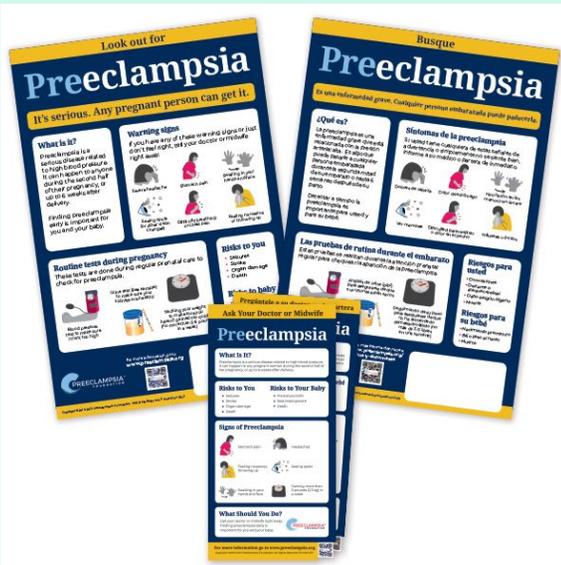


Fig. 1: Patient Education Bundle  
Published by Preeclampsia Foundation

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